

EDWARDS & ANGELL, LLP
P. O. Box 9169
Boston, Massachusetts 02209

Docket No.

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed at 201) below or an original, first and joint inventor (if plural names are listed at 201-206 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

✓ SECONDARY SEALING ELEMENT

which is described and claimed in:

- ☐ the specification attached hereto.
- ☐ the specification in U.S. Application Serial Number _____, filed on _____.
- ☒ the specification in PCT international application Number, PCT/EP03/12659, filed on November 12, 2003; and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. §119:			
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. §119?
202 17 983.4	November 20, 2002	Germany	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT/EP 03/12659	November 12, 2003	PCT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

BEST AVAILABLE COPY

Prior U.S. Applications or PCT International Applications Designating the U.S-Benefit Under 35 U.S.C. §120					
U.S. Applications			Status (Check One)		
Application Serial No.	U.S. Filing Date		Patented	Pending	Abandoned
PCT Applications Designating the U.S.					
Application No.	Filing Date	U.S. Serial No. Assigned			

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. §119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**ALL PRACTITIONERS AT CUSTOMER NUMBER 21874
Edwards & Angell, LLP, P.O. Box 55874, Boston, MA 02205**

SEND CORRESPONDENCE TO: <u>Edwards & Angell, LLP</u> <u>P.O. Box 55874</u> <u>Boston, Massachusetts 02205</u>	DIRECT TELEPHONE CALLS TO: Scott D. Wofsy, Reg. No. 35,413 Telephone: (203) 353-6831 FAX: (203) 975-7180
---	--

1-00 201	FULL NAME OF INVENTOR	LAST NAME DRÖSCHER	FIRST NAME Peter	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY D-82538 Geretsried	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Wolfratshauser Strasse 29	CITY D-82538 Geretsried	STATE OR COUNTRY AND ZIP CODE Germany
2-00 202	FULL NAME OF INVENTOR	LAST NAME Dr. LANG	FIRST NAME Klaus	MIDDLE NAME Germany
	RESIDENCE & CITIZENSHIP	CITY D-82547 Beuerberg	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Alpenblickstrasse 31	CITY D-82547 Beuerberg	STATE OR COUNTRY AND ZIP CODE Germany
3-00 203	FULL NAME OF INVENTOR	LAST NAME LEDERER	FIRST NAME Günther	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY D-82538 Geretsried	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Priessnitzweg 31	CITY D-82538 Geretsried	STATE OR COUNTRY AND ZIP CODE Germany
4-00 204	FULL NAME OF INVENTOR	LAST NAME Dr. NOSOWICZ	FIRST NAME Josef	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY D-82538 Geretsried	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Tulpenstrasse 44	CITY Germany	STATE OR COUNTRY AND ZIP CODE Germany
5-00 205	FULL NAME OF INVENTOR	LAST NAME SCHRÜFER	FIRST NAME Andreas	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY D-82515 Wolfratshausen	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Fichtenweg 5	CITY D-82515 Wolfratshausen	STATE OR COUNTRY AND ZIP CODE Germany
6-00 206	FULL NAME OF INVENTOR	LAST NAME STEIGENBERGER	FIRST NAME Georg	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY D-82541 Münsing	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Brunnenstrasse 2	CITY Germany	STATE OR COUNTRY AND ZIP CODE Germany
7-00 207	FULL NAME OF INVENTOR	LAST NAME Dr. WAIDNER	FIRST NAME Peter	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY D-82380 Peissenberg	STATE OR FOREIGN COUNTRY Germany DEX	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Aitranger Weg 12	CITY D-82380 Peissenberg	STATE OR COUNTRY AND ZIP CODE Germany

208	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE
209	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201 09.06.05 P. Dörl	Signature of Inventor 202 02/06/05 Klaus
Date:	Date:
Signature of Inventor 203 6.06.05	Signature of Inventor 204 02.06.2005 No
Date: 11.6.05	Date:
Signature of Inventor 205 A. Schief	Signature of Inventor 206 06.06.05 Georg Steifender
Date: 06/06/05	Date:
Signature of Inventor 207 06/06/05 P. Waide	Signature of Inventor 208
Date:	Date:
Signature of Inventor 209	
Date:	